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MAY 09 2003

DATA MANAGEMENT &  
ANALYSIS SECTION

April 28, 2003

Certified Mail – Return Receipt

Regional Administrator  
Environmental Protection Agency Region 9  
Resource Conservation Recovery Act (RCRA) Office  
75 Hawthorne Street  
San Francisco, CA 94105

**Subject: Discontinuance of BEI, LLC Resource Conservation Recovery Act (RCRA) ID Numbers**

Dear Regional Administrator:

The following RCRA numbers for the following facilities are no longer in use for BEI, LLC, due to the modification and or discontinuance to the businesses at hand. These facilities no longer generate any RCRA regulated waste and therefore, we respectfully request that the following ID numbers and waste activity codes be terminated. Please discontinue and remove the named facilities and the RCRA ID numbers.

Brewer Chemical Corporation  
311 Pacific Street  
Honolulu, Hawaii 96817  
RCRA ID: HI059472357

~~HI059472357~~

OK  
RL

Brewer Chemical Corporation  
1318-B Hart Street  
Honolulu, Hawaii 96817  
RCRA ID: HIT000616912

2 N 7

as per Dennis Pema,  
5/28/03

Brewer Environmental Services  
500 Alakawa Street Unit 220  
Honolulu, Hawaii 96817  
RCRA ID: HIR000075291

Brewer Environmental Lab  
Maluna Place  
Papaikou, Hawaii 96781  
RCRA ID: HID9844691481

Brewer Environmental Industries, Incorporated  
2910 Kahului Beach Road  
Kahului, Hawaii 96733  
RCRA ID: HID062903844

KC 9/3/03

In RCRA Info/Shortlist

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OCT 16 2002

DATA MANAGEMENT &  
ANALYSIS SECTION

<b>MAIL THE COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		RECEIVED OCT 16 2002 DATA MANAGEMENT & ANALYSIS SECTION
<b>1. Reason for Submittal</b> (See instructions on page 23)  MARK CORRECT BOX(ES)	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
<b>2. Site EPA ID Number</b> (See instructions on page 24)	EPA ID Number: <u>HID 059 472 357</u>		
<b>3. Site Name</b> (See instructions on page 24)	Name: BEI Hawaii - Iwilei Facility		
<b>4. Site Location Information</b> (See instructions on page 24)	Street Address: 311 Pacific Street		
	City, Town, or Village: Honolulu	State: Hawaii	
	County Name: U. S. A.	Zip Code: 96817	
<b>5. Site Land Type</b> (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (See instructions on page 24)	A. 422690	B. 422910	
	C.	D.	
<b>7. Site Mailing Address</b> (See instructions on page 25)	Street or P. O. Box: 311 Pacific Street		
	City, Town, or Village: Honolulu		
	State: Hawaii		
	Country: U. S. A.	Zip Code: 96817	
<b>8. Site Contact Person</b> (See instructions on page 25)	First Name: Shirley	MI: <input checked="" type="checkbox"/>	Last Name: Zhai
	Phone Number: (808) 535-6025		Phone Number Extension:
<b>9. Legal Owner and Operator of the Site</b> (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: Phoenix V, LLC		Date Became Owner (mm/dd/yyyy): 01/01/2002
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: BEI Hawaii, LLC		Date Became Operator (mm/dd/yyyy): 01/01/2002
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



EPA ID No. H I D 0 5 9 4 7 2 3 5 7

**10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)****A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

**B. Universal Waste Activities**

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities (Mark all boxes that apply.)**

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**11. Description of Hazardous Wastes (See instructions on page 31)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002	D001	D003				



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• HID059472357

INSTALLATION ADDRESS

BREWER CHEMICAL CORPORATION  
PO BOX 48  
HONOLULU

HI 96810

311 PACIFIC ST  
HONOLULU

HI 96810

EPA Form 8700-12B (4-80)

10/02/80







## I.D. - FOR OFFICIAL USE ONLY

S	W	H	I	D	0	5	9	4	7	2	3	5	7	T/A	C
1	2													13	14
														15	16

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

R. E. STENGLE  
PRESIDENT

8/15/80

EPA Form 8700-12 (6-80) REVERSE



1/4

HI 96810

Date Signed \_\_\_\_\_

**BREWER CHEMICAL**  
a C. BREWER company

**TERRIS H. INGLETT**  
PRESIDENT

October 21, 1982

Mr. William D. Wilson, Chief  
Technical Assessment Section  
Toxic and Waste Management Div.  
EPA Region IX  
215 Fremont Street  
San Francisco, CA 94105

Dear Mr. Wilson:

Brewer Chemical Corporation requests that its plants on:

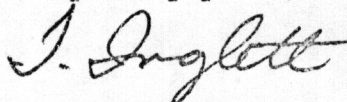
OAHU	311 Pacific Street Ewa Beach Hart Street	HID059472357 HID000630251 HIT000616912
HAWAII	60 Kuhio Street	HID059472415
MAUI	2910 Beach Road	HID062903844
KAUAI	Puhi Street	HID062904578

all be removed from the EPA list of hazardous waste generating sites under RCRA.

During 1981 no hazardous waste was generated at any of these facilities, and no generation of hazardous waste under RCRA is anticipated in the foreseeable future.

Brewer Chemical Corporation originally notified EPA as a precautionary measure pending clarification of the new hazardous waste regulations.

Very truly yours,



T. Inglett

jno

✓ CC: Ms. Sharon Boque-State Department of Health  
BREWER CHEMICAL CORPORATION  
P.O. BOX 48/HONOLULU, HAWAII 96810  
PHONE (808) 533-4411  
CABLE ADDRESS "BREWERCHEM"  
TELEX: 72-38494  
6494 HCHEM HR  
Environmental Planning  
P.O. Box 3378, Honolulu, HI 96801-9984  
Phone: (808) 548-6768



**BREWER CHEMICAL**  
a C. BREWER company

**TERRIS H. INGLETT**  
PRESIDENT

October 21, 1982

Mr. William D. Wilson, Chief  
Technical Assessment Section  
Toxic and Waste Management Div.  
EPA Region IX  
215 Fremont Street  
San Francisco, CA 94105

Dear Mr. Wilson:

Brewer Chemical Corporation requests that its plants on:

OAHA	311 Pacific Street	<u>HID059472357</u>
	Ewa Beach	HID000630251
	Hart Street	HIT000616912
HAWAII	60 Kuhio Street	HID059472415
MAUI	2910 Beach Road	HID062903844
KAUAI	Puhi Street	HID062904578

all be removed from the EPA list of hazardous waste generating sites under RCRA.

During 1981 no hazardous waste was generated at any of these facilities, and no generation of hazardous waste under RCRA is anticipated in the foreseeable future.

Brewer Chemical Corporation originally notified EPA as a precautionary measure pending clarification of the new hazardous waste regulations.

Very truly yours,

*T. Inglett*

T. Inglett

*code as used - handler  
WTAW 10/26/82*

jno

cc: Ms. Sharon Bogue-State Department of Health

**BREWER CHEMICAL CORPORATION**

P.O. BOX 48/HONOLULU, HAWAII 96810

PHONE (808) 533-4411

CABLE ADDRESS "BREWERCHEM"

TELEX: 72-38494

8494 BCHEM HR

Environmental Planning

P.O. Box 3378, Honolulu, HI 96801-9984

Phone: (808) 548-6768

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EPA REGION IX  
FACILITY INVESTIGATION REPORT

Company Name: Brewer Chemical (HIT0000616912, HID062904578,  
HID062903844, HID059472415, HID059472357, HID000630251)

Street Address: P.O. Box 48 Honolulu 96810; POBox 766 Lihue 96766  
P.O. Box 366 Kahului 96732; P.O. Box 395 Hilo 96720

City/State/Zip: \_\_\_\_\_

Phone Number: (808 ) 533-4411 ( )

Mailing Address (if different from above):

\_\_\_\_\_  
\_\_\_\_\_

Facility Representative(s) & Titles:

1. Terris H. Inglett
2. \_\_\_\_\_
3. \_\_\_\_\_

EPA Investigator(s):

1. \_\_\_\_\_
2. \_\_\_\_\_

Other Participants/Agencies:

1. Sharon E. Bogue, Dept. of Health, Office of Environmental Planning
2. \_\_\_\_\_
3. \_\_\_\_\_

Date(s) of Investigation: October 29, 1982

Purpose of Investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Person(s) Interviewed/Date: \_\_\_\_\_

Terris Inglett, President, 10/29/82

Type of Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Process Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Process By-Products: \_\_\_\_\_

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Comments: See attached letter.

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